FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations	
Alliance for a Better Minnesota	
(b) Address (number and street)	2. FEC Identification Number
(c) City, State and ZIP Code Saint Paul MN 55104	C C00000000
(d) Name of Employer or Principal Place of Business (e	e) Occupation
New or Amended Amended	MO M
. (a) Date of Public Distribution(s) Mo M / Do To Do	
(e) Other, specify:	
. Were the disbursements for the electioneering communication made from donations to a segregated bank account?	e exclusively Yes No No
Custodian of Records (a) Name	
Denise Cardinal	
(b) Address (number and street) 1600 University Ave. W	
(c) City, State and ZIP Code	
Saint Paul MN	55104
	e) Occupation
(d) Name of Employer or Principal Place of Business (e	e) Occupation Executive Director
(d) Name of Employer or Principal Place of Business (e	
(d) Name of Employer or Principal Place of Business Alliance for a Better Minnesota Total Donations This Statement	Executive Director
(d) Name of Employer or Principal Place of Business (e Alliance for a Better Minnesota Total Donations This Statement	Executive Director .00
(d) Name of Employer or Principal Place of Business Alliance for a Better Minnesota Total Donations This Statement 0.Total Disbursements/Obligations This Statement	Executive Director .00

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.